European Monitoring Centre for Drugs and Drug Addiction

EU4MD briefing

Mapping prevention systems in the European Neighbourhood Policy area: a baseline for future monitoring and responses

This publication was produced with the financial support of the European Union. Its contents do not necessarily reflect the views of the European Union.

Funded by the European Union

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Summary

Between March and May 2021, the EU4Monitoring Drugs (EU4MD) project supported the mapping of national prevention systems in European Neighbourhood Policy (ENP) area countries ([1]).

This briefing describes the rationale and methodology of the prevention system mapping, presenting selected findings and highlighting key challenges encountered.

The following key findings ([2]) emerged from the mapping:

- in most of the countries, drug prevention is embedded in a framework of a broader national strategy or policy on drugs and/or crime and/or mental health;
- in the majority of the countries, strategic decisions about prevention are made at national level and funds for prevention are located and spent at national level;
- the most common workforce for delivery of prevention interventions includes teachers, psychologists, and staff from non-governmental organisations (NGOs) and relevant ministries;
- nine countries noted that UNODC/WHO International Standards on Drug Use Prevention are being used as part of quality control;
- prevention culture, interventions and discourse in the ENP countries are mostly dominated by informational approaches.

The findings may be useful as a baseline for future monitoring of national prevention systems. The experience may inspire and encourage national authorities to consider routine monitoring of prevention systems to inform development and updating of prevention strategies, policies and programmes.

([1]) Southern ENP: Algeria, Israel, Jordan, Lebanon, Libya, Morocco, Palestine* and Tunisia (no response received); eastern ENP: Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova and Ukraine.
* This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue: it applies to all references to Palestine in this report.
([2]) The findings refer to the three-year period 2018-2020.

What is mapping of prevention systems and why is it important?

Mapping of prevention systems aims to capture information about the main components of the prevention systems (Burkhart, 2013; EMCDDA, 2019; Foxcroft, 2013). It covers organisation of prevention, availability of prevention policies and interventions, and information about the workforce, research and quality control. Mapping of prevention systems is distinct from prevention monitoring. While prevention mapping provides an overview of which system elements exist, or not, at a given point in time, prevention monitoring involves regular collection of data and information on availability, or unavailability, of prevention programmes and interventions.

Mapping of prevention systems is important for a number of reasons. It can inform where capacity needs to be built (i.e. who would benefit from training), whom to involve in the development of strategies, where possible implementation gaps exist, and what is working well.

Rationale and methodology for prevention mapping in the ENP region

'What works in prevention?'

'Under which conditions can such prevention interventions be implemented?'

These are some of the questions the partners in the eastern and southern ENP regions ask the EMCDDA. Building on the work of the EMCDDA in analysing prevention systems and interventions in EU countries, prevention mapping was applied in EU4MD partner countries to investigate the current prevention situation in ENP countries.

A mapping questionnaire was developed based on existing EMCDDA instruments ([3]), with the survey items reviewed and adapted to better suit the cultural context. The questionnaire was developed in English, reviewed by external experts including international prevention experts associated with the United Nations Office on Drugs and Crime (UNODC), Applied Prevention Science International (APSI) and EMCDDA, and finally piloted in two ENP countries (Georgia and Lebanon). The final version of the questionnaire was translated into French and Russian.

The questionnaire included 37 questions (single-, multiple-choice, and open-ended) structured in six substantive thematic areas:

- prevention framework
- organisation
- prevention workforce
- research and quality control of interventions
- interventions and programmes
- non-manualised interventions, including environmental strategies, universal prevention, and selective and indicated prevention.

([3]) These EMCDDA tools and questionnaires include EMCDDA's Structured Questionnaires 25 and 26, Prevention System Assessment Questionnaire (EMCDDA, 2019) (ASAP training, 2020) and Prevention Workbooks, a tool created and used by EMCDDA on a yearly basis to identify prevention-related aspects in EU countries.

Respondents were asked to focus on the three-year period from 2018 to 2020.

The questionnaire was disseminated via an online EU survey tool directly to 42 key informants in 14 EU4MD partner countries. The key informants were selected with an aim to collect and triangulate information from the perspective of policymakers and service providers in governmental and non-governmental organisations where available. Some of the identified experts further passed the questionnaire to other in-country experts. The survey was accessible online from 31 March 2021 until 20 May 2021. The participants were sent a series of reminders and follow-ups two weeks after the launch of the survey.

Respondents

A total of 25 individuals from 13 countries completed the questionnaire. No response was received from Tunisia. The respondents represented both governmental and non-governmental institutions, and their professional profiles included clinical psychologists, medical practitioners, postdoctoral researchers, managers and heads of unit in diverse institutions.

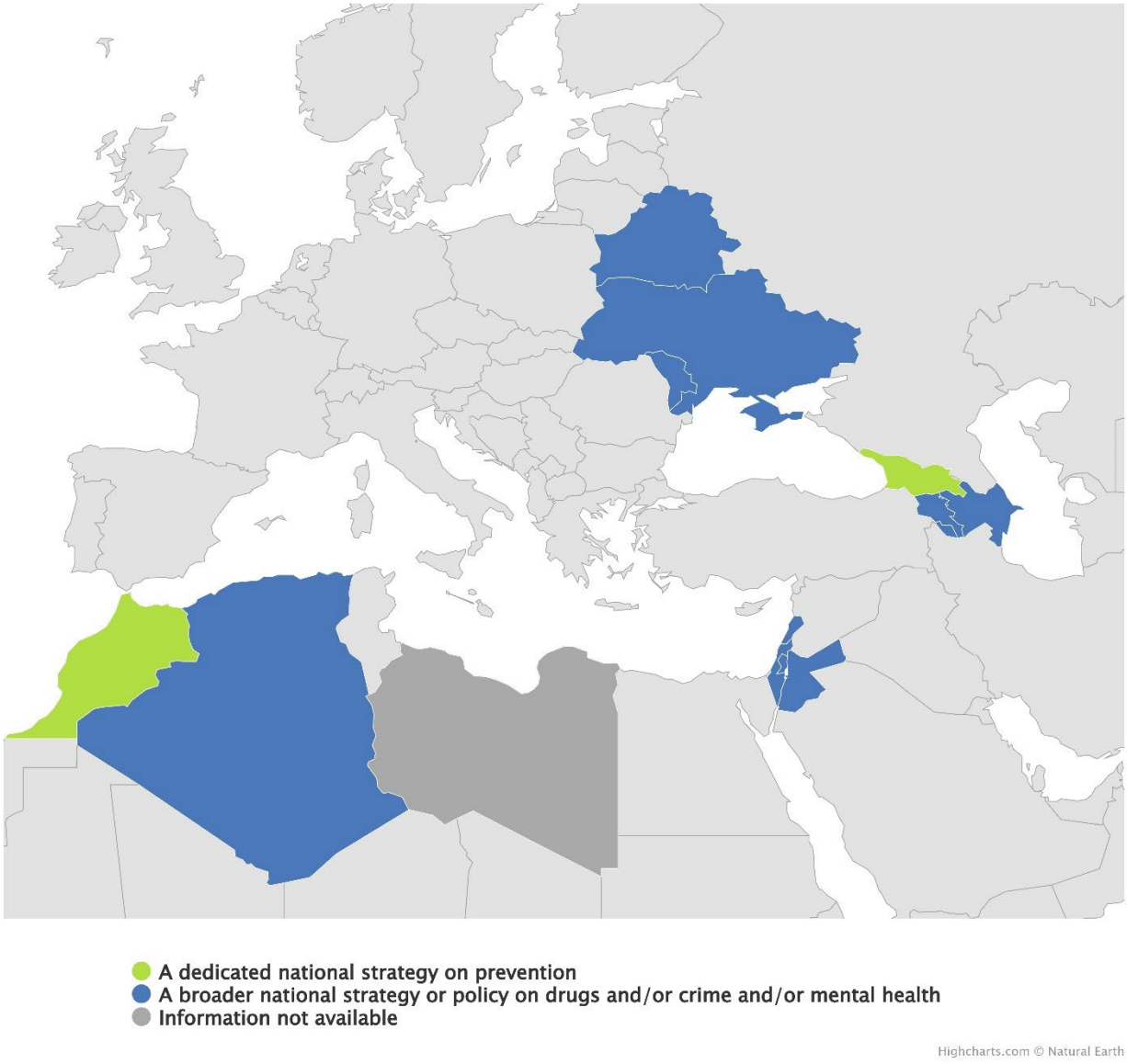
Where discrepancies arose in the answers provided by multiple respondents from one particular country, all were contacted and asked to discuss and provide a national 'consensus'. Furthermore, all responses were reviewed by EMCDDA analysts, and additional explanatory notes were provided as needed.

Key findings

National prevention strategy context

- In 10 of the responding countries, prevention is reflected in a broader national strategy or policy on drugs and/or crime and/or mental health.
- In the eastern ENP region, Georgia has developed a dedicated national strategy on prevention which includes an action plan on prevention, while in the southern ENP area, Morocco has developed a national strategy for prevention and management of addictions.
- Strategic decisions (content, priorities) about prevention are made at national level in the majority of the eastern and southern ENP countries (n=11), while in two southern ENP countries strategic decisions are made at local level.
- Funds for prevention are predominantly located and spent at national level in eight of the countries while four countries noted that prevention funds are predominantly located and spent at local level (n=3) or regional level (n=1). The main sources of funding included state budget, international organisations (e.g. the EU and UNICEF), the private sector and NGOs.
- Regular national stakeholder meetings on prevention were reported by six southern ENP countries and three eastern ENP countries.

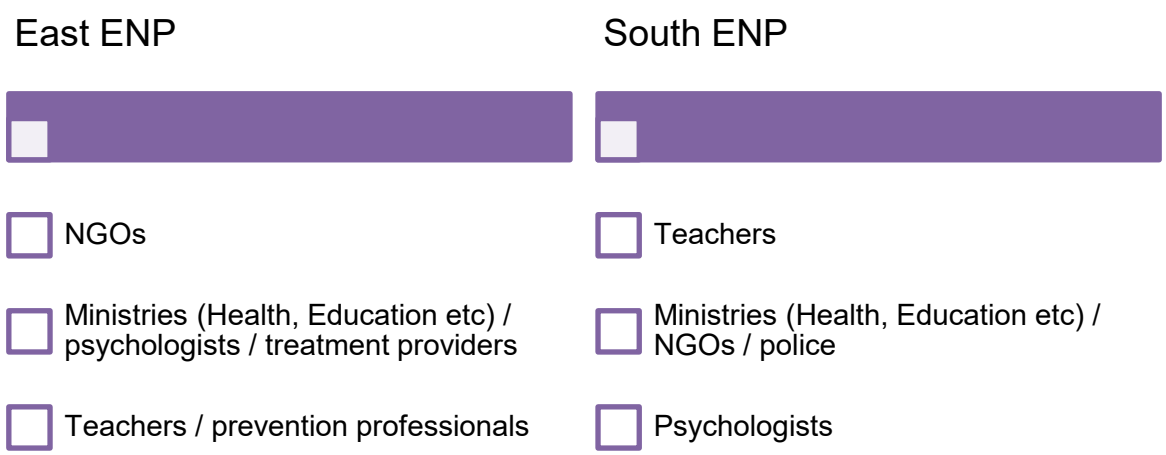
FIGURE 1
Availability of national (prevention) strategies


A dedicated national strategy on prevention
A broader national strategy or policy on drugs and/or crime and/or mental health
Information not available
Highcharts.com © Natural Earth

Prevention workforce

- Prevention programmes and interventions are typically delivered by a combination of teachers, psychologists and staff from NGOs.
- In several countries, police, treatment providers and prevention professionals were also reported to be involved in delivering prevention programmes, and the involvement of faith-based organisations was mentioned in two countries.

FIGURE 2
Main providers of prevention services in ENP countries



Quality control

With regard to quality control of prevention programmes, five countries reported using national standards. UNODC/WHO International Standards on Drug Use Prevention are used as part of quality control in nine countries. European Drug Prevention Quality Standards (EDPQS) were not applied or respondents were unsure if they were applied. Whether this is due to lack of knowledge about the EDPQS or lack of knowledge more generally in response to this question is not clear.

Scientific guidance and methodological guidance on prevention were reported to be available by respondents in 10 countries. Where available, such guidance and advice was provided by UN agencies, international and local experts, academia and NGOs.

FIGURE 3a
Application of quality control, east ENP

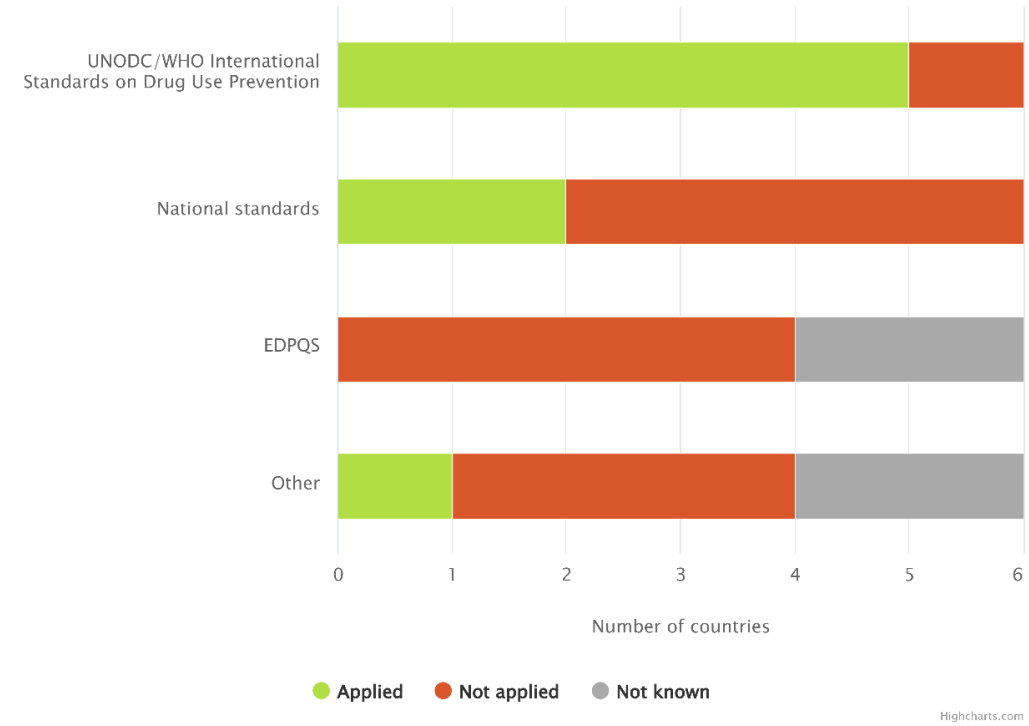
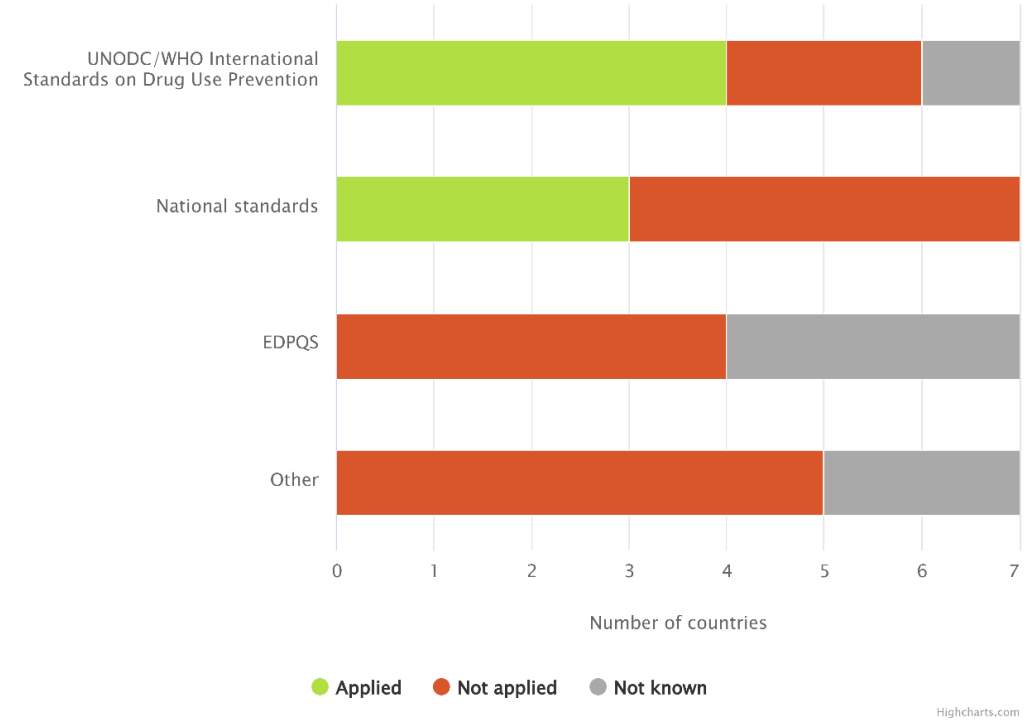


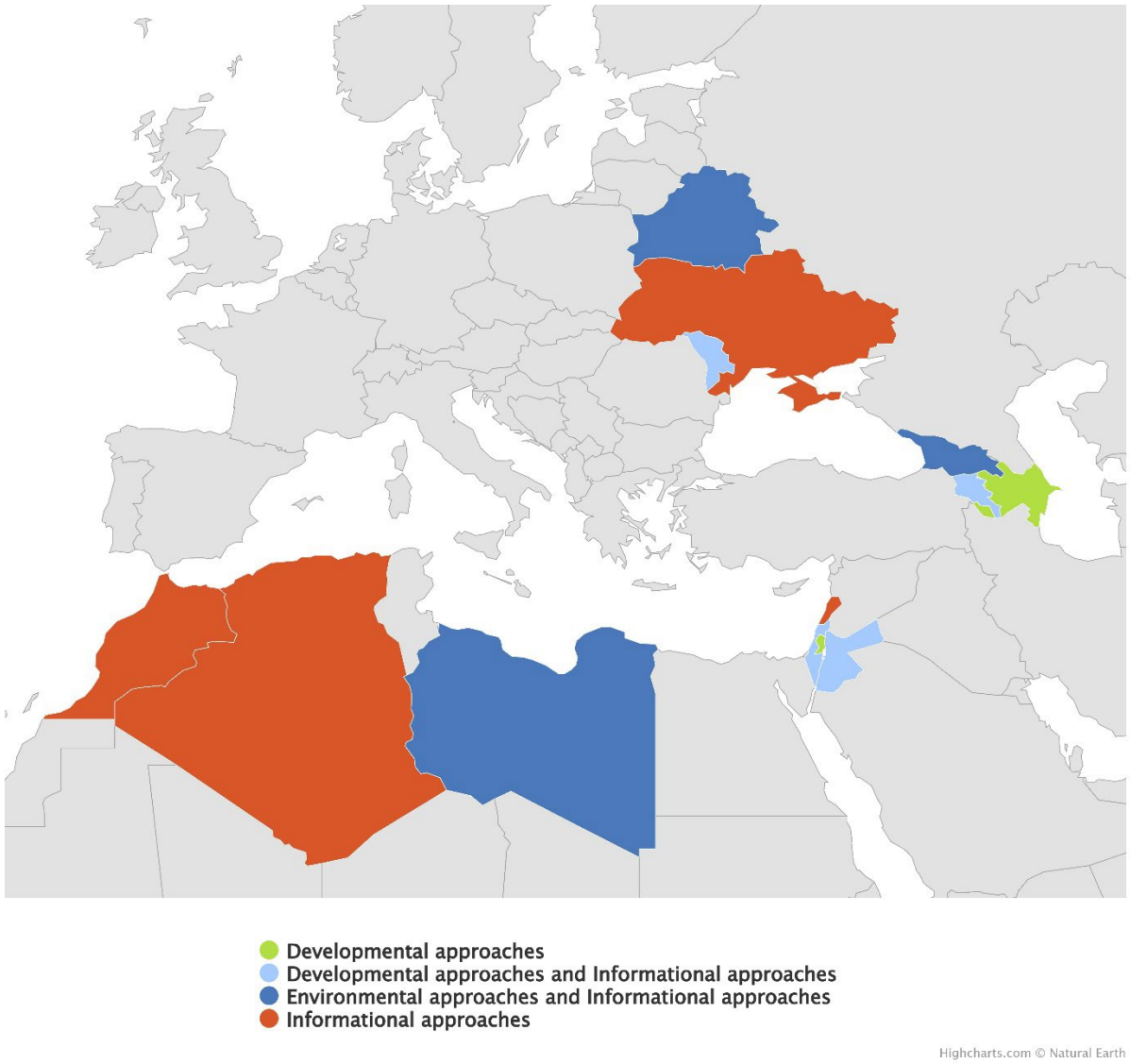
FIGURE 3b
Application of quality control, south ENP



Prevention culture

Prevention culture, interventions and discourse are mostly dominated by informational approaches; five countries mentioned they focus on information, persuasion, awareness and education. In two countries the predominant focus was on developmental approaches, including skills and competence training, capacity building, goal setting and personal development of youths. In another three countries the focus was on both developmental and informational approaches and in another three countries the focus was on environmental and informational approaches.

FIGURE 4
Predominant focus of prevention culture, interventions and discourse in the ENP region



Lessons learned

This multi-country mapping initiative, which involved planning, collection and analysis of data and information on prevention in ENP countries, represented a learning opportunity for the EU4MD project and the countries involved.

- The mapping of prevention systems was well received by the national authorities and experts. This is evidenced by participation of 13 out of 14 countries in the mapping exercise, confirming a high level of interest in this topic among national stakeholders.
- The mapping exercise represents the first known attempt to take stock of prevention systems in the eastern and southern ENP regions using a systematic approach to collecting information and data on several aspects of the prevention systems. Use of a structured tool allows the standardisation of input from experts representing culturally diverse countries.
- It should be noted that most of the countries where the study was implemented do not have a national drug monitoring system in place. Selected key experts may not know or be familiar with all the different prevention system components in the country.
- Although the questionnaire included definitions of terminology and explanatory notes, responses to some items indicated that respondents may have misunderstood the intent of certain questions. Future prevention mapping initiatives would benefit from orienting key informants/potential respondents to the mapping tool, for example via online video conferencing.
- With the aim of simplifying the mapping tool, a number of response categories were abridged. At the analysis stage, however, there were difficulties in interpreting the responses and future initiatives would benefit from a review and revision of the response categories.

Further information

For information on prevention, please refer to https://www.emcdda.europa.eu/topics/prevention_en.

For an online inventory of well-evaluated, effective prevention interventions and best practices, promoted by the EMCDDA, please refer to https://www.emcdda.europa.eu/best-practice_en#implementation.

For information on the EU4MD project, please refer to https://www.emcdda.europa.eu/topics/eu4md_en.

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Acknowledgements

The EMCDDA would like to thank Klaudia Kepa for her work on the prevention mapping survey and report (contract code CT.20.EU4MD.0153.1.0).

We are grateful for review and feedback on the draft survey tool by Ms Giovanna Campello from the UNODC; Dr Lilian Ghandour, American University of Beirut, Lebanon; Ms Rasha Abi Hana, Ministry of Public Health, Lebanon; Mariam Razmadze, Ilia State University, Georgia; and Dr Zili Sloboda, APSI.

EMCDDA editorial group: Anne Bergenström, Gregor Burkhart, Ilze Jekabsone and Jane Mounteney.

EMCDDA project group: Alessandra Bo, Renate De Neve, Marica Ferri and Kateřina Škařupová.

The experts who provided data and information in response to the survey: Anas Altantawi, Nina Berezina, Igor Bobrovnyk, Andrii Chaikovskii, Dehimi Djazia, Oleg Dudin, Konstantin Dumchev, Yamit Elfassi, Heba Ghannam, Jamil Al Habaibeh, Veronica Iacub, Ala Iatco, Islam Azzam Jafear, Satenik Karapetyan, Lasha Kiladze, Alexei Kralko, Olena Puhach, Mariam Razmadze, Svitlana Salamatova, Irina Soroka, Tatyana Sleiman, Aysel Sultan, Jallal Toufiq and Yasser Yasin.

Identifiers

TD-07-22-428-EN-N	ISBN 978-92-9497-792-2	doi:10.2810/222906